	2. A		MC-030
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	n in it was	FOR COURT USE ONLY	
- Phyllis J. Kinky	FILED		
527 Vista- Mar Aul.	DM I2.	080 ppossed	TO
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TELEPHONE NO.: 690 350037/ FAX NO. (Optional):	RICHARD W. WIEK	461)(511)(552) (
E-MAIL ADDRESS (Optional):	RTHERM DISTRICT OF CAL	ound ate Notice	5
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	·	,	.)
STREET ADDRESS: 450 Goldon Gate	r fillo	Demnurale	1
MAILING ADDRESS: CO. Name 180 Ca	,E-1111119		
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PLAINTIFF/PETITIONER: 1/hullis 3 / Conco	i		,
DEFENDANT/RESPONDENT: Fédéral Bureau of	Investigation	<u> </u>	P.J.H
, 50	ì	CASE NUMBER:	(A)
DECLARATION		COB-01919 A	911
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OL II of Vica	O J		
Phyllis J. Kille	Huyllis	LINE OF DECLARANT)	
(TYPE OR PRINT NAME)	y		
			Defendant
	Respondent L	Other (Specify):	
<u> </u>			

	MC-030			
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Ber number, and address): Myllis J. Linex	FOR COURT USE ONLY			
537 Wester-Mare Huce	apposition To			
TELEPHONE NO.: 650 355037/ FAX NO. (Optional):	Dismisso/			
E-MAIL ADDRESS (Optional):	Lake notices			
ATTORNEY FOR (Name):	· ·			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: 450 Goldin BAFT	Denamures			
MAILING ADDRESS: CITY AND ZIP CODE: SCIN FRANCISCO CO. BRANCH NAME: C. C. C. C.				
PLAINTIFF/PETITIONER: Phy/1/3 J. King				
DEFENDANT/RESPONDENT: Federal Bureau of Investigation				
DECLARATION	CASE NUMBER: CO8-d919 P.J.H			
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date: 06/16/08	ig is time and correct.			
Oh ille 1 Vila				
Phyllis J. Kidle Phyllis (SIG	NATURE ORDECLARANT)			
Attorney for C	Plaintiff Petitioner Defendant Other (Specify):			

	MC-030			
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY			
- Thy Mis J. Kni Be 5317 Visto Max Che	oppossED To:			
Parpier La 94044	Dismission			
TELEPHONE NO.: 4 7 35 5037/ FAX NO. (Optional):	Late notices			
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: 450 Golden Code	Denmurero			
MAILING ADDRESS: CITY AND ZIP CODE: San Haneisco la BRANCH NAME: Cityl				
PLAINTIFF/PETITIONER: Phy//15 J. King	1			
DEFENDANT/RESPONDENT: Federal Burian of Investigation				
	CASE NUMBER:			
DECLARATION	CO8-01919 P.J.H			
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Dors appt the agents would come in	de stand in my			
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Crossignt so much My Senson M	which lights around			
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to be cut with rozoe blades there's something on the whom				
If someone shales that are consing!	the abs,			
I declare under penalty of perjury under the laws of the State of California that the foregoing Date: $\frac{06}{10000000000000000000000000000000000$				
Phyllis S. Kinde Phyllis (TYPE OR PRINT NAME) (SK)	J. Lenke			
	Plaintiff Petitioner Defendant Other (Specify):			

MC-031
PLAINTIFF/PETITIONER: KINGA CASE NUMBER:
DEFENDANT/RESPONDENT: Federal Bureau Invistigation (08-01919 PIH)
DECLARATION
(This form must be attached to another form or court paper before it can be filed in court.)
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outside. I'm had the Looks Change
The made calls to the tacifica Police Dept to Commence and take reposels concerning Strange accurance outside. I'm had the Looks Changed 3three times and still people keep Corning in.
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and when it was placed.
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living its a hate Segnature.
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Phyllis Kiner , You Kles J. Kiner
Phyllis Kenter y'n Klest. Kinter (SIGNATURE OF DECLARANT)
Attorney for Plaintiff Petitioner Defendant Respondent Other (Specify):

MC-031

PLAINTIFF/PETITIONER: PIMITS J. ELLO	<u>ر</u>	CASE NUMBER:			
DEFENDANT/RESPONDENT: FEDERAL BUREAU]	nvestigation	CO8-01919 P.S.A			
DECLARATION					
(This form must be attached to another for	m or court paper before it c	ean be filed in court.)			
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I declare under penalty of perjury under the laws of the State of	California that the foregoing	is true and correct.			
Date: 06/16/08					
Phyllis S. KinGa	Phylle	a J. Kence			
(TYPE OR PRINT NAME)	/ (SIGN	IATURE OF DECLARANT)			
		Plaintiff Petitioner Defendant Other (Specify):			
Form Approved for Optional Use ATTACHED DECLARATION					